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ABSTRACT

The high and rising rate of suicide and suicidal attempts among young adults provides a strong impetus for colleges and universities to optimize the effectiveness and comprehensiveness of their crisis intervention services. It is believed that higher education systems provide a unique testing ground for proactive programming by virtue of their ability to control certain aspects of behavior and environment and their mission to promote learning and growth. Currently, approaches to suicide management are generally viewed as reactive, relying on the students to seek services. Proactive approaches are distinguished from prevention programs in that the former focus on management of crisis situations as well as reduction. Proactive approaches are defined by their emphasis on the system, rather than specific components which traditionally have been linked to issues such as suicide and crisis. Competent clinicians are seen only as one dimension. A shared sense of mission and--imperative throughout the university--the willingness to continually assess effectiveness, and clear administrative support are all seen as vital to the implementation of a proactive program. Proactive programs are considered to be cost effective in light of the positive ramification they may have on the well-being and morale of students, faculty, and staff; the public image of a university; and the significant potential for reduction of liability and risk with minimal outlay of expenses. (ABL)

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ABSRACT

A PROACTIVE MODEL FOR RESPONSE TO SUICIDAL BEHAVIOR ON COLLEGE CAMPUSES

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The high and rising rate of suicide and suicidal attempts among young adults, and data suggesting that the potential at risk population in this group may be larger than previously thought, provides a strong impetus for colleges and universities to optimize the effectiveness and comprehensiveness of their crisis intervention services. It is believed that higher education systems provide a unique testing ground for proactive programming by virtue of their ability to control certain aspects of behavior and environment and their mission to promote learning and growth.

Current approaches to suicide management and response are generally viewed as being reactive in nature. Even though helping mechanisms exist, they rely heavily on being sought out by students, adopt an active and intrusive posture in response to the occurence of a crisis and tend to return to their original, more passive state following the resolution of the crisis. Additionally, proactive programs are distinguished from prevention programs in that the former focuses on management of crisis situations as well as reduction. In contrast, proactive approaches here are characterized by the following:

a) Ongoing active efforts to sensitize, educate, and train helpers in the system, as well as to broaden outreach efforts beyond known at-risk groups.

b) A relatively constant level of activity designed to optimize and/or enhance the system's ability to reduce the incidence of crisis situations, identify and intervene at early stages of crisis, and minimize personal and institutional risk when crises occur. Specific activities include early screening mechanisms, campus-wide staff training, diverse assessment strategies, assembling functional referral systems and frequent educational programs.

c) The systematic monitoring and collection of data related to crisis assessment and intervention and the

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subsequent use of such data to modify the system as required.

d) The conceptualization of crisis response and management as a distinct entity and focus of attention within the system, as opposed to an activity that is attended to only as required. Specific training in crisis procedures are developed as a result of this focus and will provide clear guidelines for departures from normal roles, functions and activities as may be called for by the unique needs of a suicide situation.

e) The ongoing involvement of all campus units and programs, as each is considered to be a potential pathway for intervention. This is contrasted with systems which rely on traditional sources of help such as counseling centers, infirmaries, chaplains, etc.

f) An acknowledgement that, although crisis incidents statistically represent a low-frequency occurrence, preparation for effective response and management requires ongoing effort and attention. It is argued that the extreme demands of a suicidal crisis cannot be adequately met without continual training and preparation. Essentially, the proactive model considers the functions of a system during non-crisis periods to be as critical as those activities driven by an actual crisis. Models for such an operating style may be found in hospital trauma units, police emergency units, military training, etc., all of which share the common theme of conceptualizing their response to demands as the end result of ongoing readiness. While crisis may not always be predictable, the ability to respond can be enhanced.

g) The develoment of a consistent and coherent clinical model for assessment and response to suicidal individuals. In the case of this model, it is based on an amalgam of various cognitive and problem-solving approaches and Schneidman's ten defining characteristics of suicide.

h) The inclusion of legal, ethical and organizational variables in system planning and crisis decision making. Active attention to current developments and consultation with experts may be called for.

i) Active, multimodal training (didactic, role playing, rehearsal, etc.) and education efforts for staff, faculty, workers, students and family with special emphasis on early outreach and coping with aftermath and re-entry.

j) The development of mechanisms to enhance compliance with treatment plans. Low rates of compliance can

dramatically reduce the effectiveness of viable strategies and thereby subject individuals and institutions to excessive risks and liabilities.

k) Active involvement initiated by university with local hospitals and professionals to be effectively delivered at a time of crisis. Liaison relationships with such groups must be established pre-crisis.

The proactive approach is thus defined by its emphasis on the system, rather than specific components which traditionally have been linked to issues such as suicide and crisis. Competent clinicians, while a cornerstone of any effective program, are seen as only one dimension. A shared sense of mission and imperative throughout the university, the willingness to continually assess effectiveness, and clear administrative support are all seen as vital to the implementation of a proactive program. Proactive programs are considered to be cost-effective in light of the broad, positive ramification they may have on the well-being and morale of students, faculty, staff, the public image of a university and the significant potential for reduction of liability and risk with minimal outlay of expenses.

In addition to its specific benefits which may be realized, a proactive program's congruence with the educational mission of colleges and universities is also considered to be noteworthy. The proactive model is seen as a potent vehicle for fostering growth and development while simultaneously enhancing health welfare and reducing probability of risk for institutions and individuals alike.

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FIGURE 1

A PROACTIVE MODEL FOR CRISIS INTERVENTION

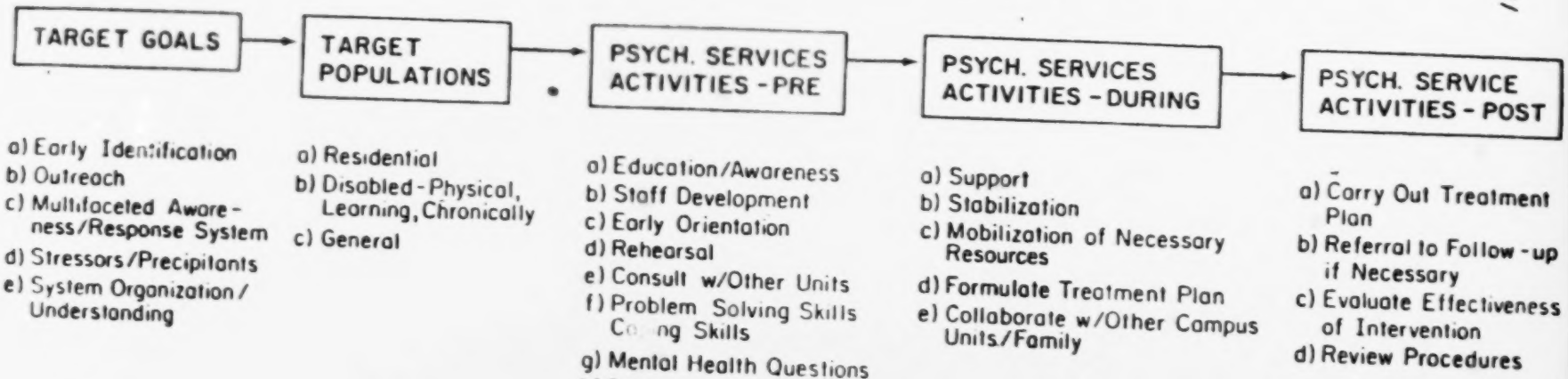
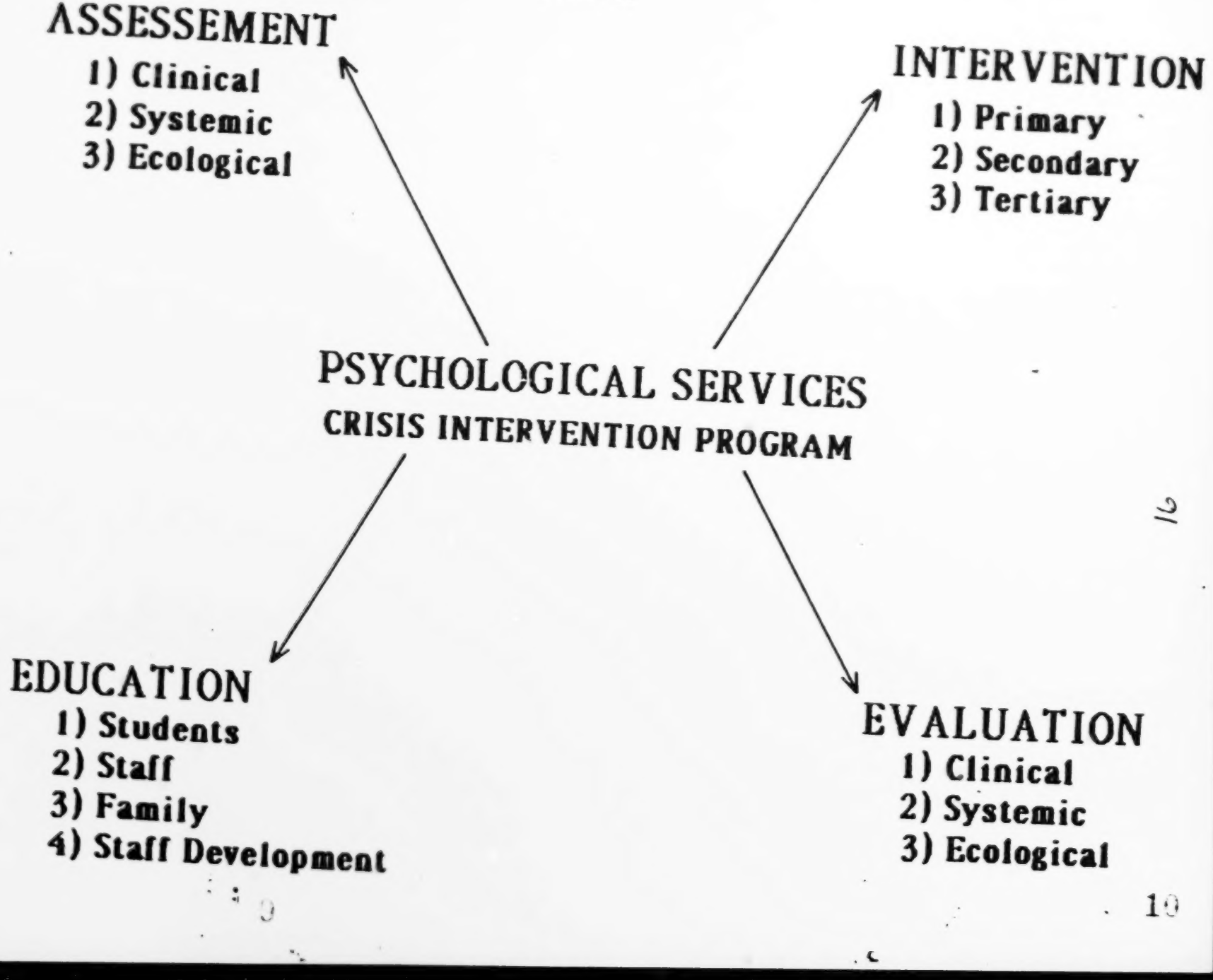


FIGURE II


ASSESSEMENT
1) Clinical
2) Systemic
3) Ecological
INTERVENTION
1) Primary
2) Secondary
3) Tertiary
PSYCHOLOGICAL SERVICES
CRISIS INTERVENTION PROGRAM
EDUCATION
1) Students
2) Staff
3) Family
4) Staff Development
EVALUATION
1) Clinical
2) Systemic
3) Ecological

10 CRITICAL QUESTIONS FOR CRISIS-DECISION MAKING

GOAL: To enhance system's ability to respond in a comprehensive, appropriate manner when presented with potential or actual crisis situation.

1) What are the warning signs - verbal, behavioral, functional?

2) What is the nature of the problem - precipitants, mental status, self-destructive action, level of severity, history?

3) What resources are available - school, community, family, friends?

4) Can we work with this person - likelihood of compliance, means of assuring compliance, communication skills, functioning, affect, mental status, prior relationship?

5) Can we help this person at school - what could be gained, what could be lost, what role will we play?

6) What is plan "B"?

7) Are we balancing needs of school, and the student?

8) What precedents exists for this course of action?

9) Have we missed anything (second opinion, referral, etc.)?

10) How do we assess the effectiveness of our response?

IMPORTANT THEMES FOR STUDENTS

WHO WE ARE

Psychological Services is the place on campus where people can go to discuss personal concerns with professionals in a confidential setting.

WHAT WE DO

We offer individual and group meetings with trained professionals, provide referrals to outside sources of help, respond to personal crises and provide guidance, advice and evaluation for a variety of personal and academic concerns.

WHAT CAN WE HELP WITH

We can provide help for difficulties in relationships, problems with parents or family members, feelings of depression and anxiety, problems with drugs, and alcohol, learning and study difficulties and a variety of other common concerns.

SOME COMMON PROBLEMS

Many experience difficulties coping with stress, feeling good about themselves, handling relationships effectively, becoming assertive, feelings of sadness and hopelessness and getting the most out of college. Each of these are normal areas of concern experienced by a wide variety of people.

DON'T WAIT TILL IT GETS WORSE

One of the most common misconceptions is to ignore an area of difficulty until it becomes unbearable. The best time to seek assistance is before a problem is actively interfering with your life or causes additional stress.

HOW TO HELP OTHERS

You may be able to be a great help to friends or others you care about by learning how to reach out to those who may be in trouble, provide them with information on sources of help and reducing fears they may have about talking to a professional.

COMMON MYTHS AND MISCONCEPTIONS

Many people avoid seeking help because they believe it will take forever, requires lots of time and money, will go on their "school record" or is only for "crazy" people. These are all untrue as you can see from the information sheet provided. We are always available to answer any questions or concerns you may have about seeking help.

IMPORTANT THEMES FOR STUDENTS

WHAT TO DO IN AN EMERGENCY

In a situation where you, or someone you care about, is experiencing a crisis situation (such as feeling like not wanting to live) you are always free to come into **Psychological Services** whether you have an appointment or not. If our office happens to be closed, the Infirmary or Campus Police can reach us 24 hours a day, 7 days a week. Please do not hesitate to reach out to us!

HOW TO GET HELP

In order to speak to someone, all you need to do is call, or, even better, to come into the **Psychological Services' Office** between 8:30 a.m. and 5 p.m., Monday - Friday. Should no one be available to see you right away, an appointment for the next day, or at your convenience, will be set up. That's all there is to it.

CONFIDENTIALITY

This is an extremely important area that we want you to know as much about as possible. Briefly, it works like this: All information shared with your therapist is private and can be released only with your written consent. The only limitation on confidentiality is that rare situation in which an individual may be a direct threat to his or her own well-being or the well-being of someone else. Information does not go into your school record at any time. Please feel free to consult with the staff at **Psychological Services** regarding any concern you may have about confidentiality.

WHAT HAPPENS IN PSYCHOLOGICAL SERVICES

Once you come to **Psychological Services**, you will speak briefly with the department secretary who will collect some basic information and provide you with more information about us. Following this, you will speak briefly with a staff member to learn more about how we can help you and which staff member we believe will work best with you. All of this is done in our office in the first visit.

WHERE ARE WE, WHEN ARE WE AVAILABLE

We are located on the first floor of Clinton Hall and are available for regular hours on a daily basis. Of course, in an urgent or emergency situation, we can always be reached as described in section 8. Please use us as we are here for you!

INSTITUTIONAL ASSESSMENT FORM

Purpose - to maximize each units contribution to a "Proactive" Suicide Response Plan and to provide each unit with a defined "helping" function.

UNIT	CURRENT FUNCTION	PROPOSED FUNCTION	METHOD OF IMPLEMENTATION
INFIRMARY			
POLICE			
ACADEMIC COUNSELING			
CLERICAL			
RESIDENTIAL			
OTHER COUNSELING			
FACULTY			
ADMINISTRATION			
COMMUNITY			
FAMILY			
PHYCH. SERVICES			
STUDENTS			